Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>10-20</u> -2 <u>007</u>	Address:	Co Rd 775 North West of
Case #;	<u>22-4249</u> 2	·	Co. Rd. 600 West
County;	<u>Noble</u>		Ligonier In
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)
	onal Lab cal/Glasswarc/Equipment (only) itc (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:
<u>(check all th</u>	nd: Location (bedroom, kitchen, open a nat apply) n/Ammonia Reaction(s):	air <u>, etc)</u>	
Red Pho	osphorous/lodine Reaction(s):	_	
☐ Flamma	ible Solvents:		
Water Reactive Metal (Lithium):			
☐ Anhydro	ous Ammonia:		
⊠ Hydroch	nloric Acid Gas Generator(s): 2 Litro	bottle	
_ _	/c Acid:	· 	
⊠ Corrosiv	e Base: Fertilizer		
	tem and location): <u>Plastic bags, rubber</u>	t glov	
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		 Investigative Information □ Ephodrine/Pscudoephodrine Tracking Log □ Retail/Merchant Tip ☑ Other: Farmer 	
<u>This report</u>	is to be faxed to the following ager		
	nent: <u>Ligomier Fire</u>	Fax: 260-89	·
Health Department: Noble County		l'ax: <u>26</u> 0 <u>-636-2192</u>	
Child Protec	tion Service:	Fax:	
investigating		ne <u>260-432-8661</u>	
* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department			

This form is to be included with the case lile, and a copy sent to the Clandestine Laboratory Team Leader for retention.

listed within 24 hours of scene processing.